

CRITERIA FOR PRIOR AUTHORIZATION

Idiopathic Pulmonary Fibrosis Treatments

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Esbriet® (pirfenidone)
Ofev® (nintedanib)

CRITERIA FOR IDIOPATHIC PULMONARY FIBROSIS (IPF): (must meet all of the following)

- Patient must have a diagnosis of idiopathic pulmonary fibrosis
- Must be prescribed by or in consultation with a pulmonologist
- Patient must be 18 years of age or older
- Patient must have baseline liver function tests prior to initiating treatment per package insert

LENGTH OF APPROVAL 12 months